9	5	2	

W. Clarke Mattingkey Leonardtown, Maryland

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8 FilmG248 9-21-59 et

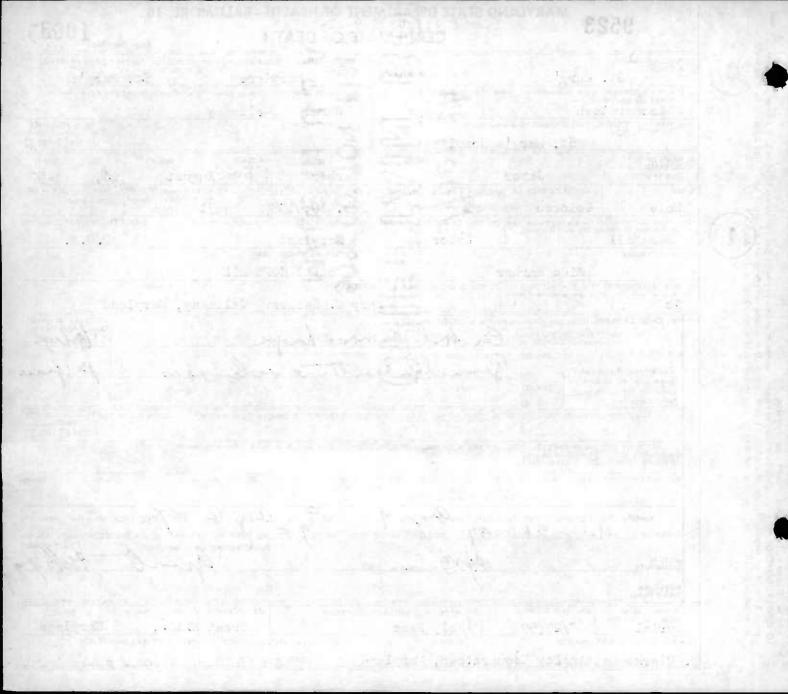
10025

			CERTIFIC	ATE OF	DEATH			Reg. Dist. N	Tunal
1. PLACE OF DEATH a. COUNTY S	t. Mary's		MARYLAND	2. USUAL RE a. STATE	Mary]	ere deceased lived	I. If institution b. COUNTY	n: Residence bet	
b. CITY OR TOWN RURAL and give Leonar		its, write	c. LENGTH OF STAY IN 16	c. CITY O		utside carporate li Dallaway	mits, write RU	IRAL and give n	earest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital,	give street		d. STREET					e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	Ja	ne s	Middle	Barbe	ast <b>r</b>	4. DATE OF DEATH AT	Mann	26,	Year 19 59
S. SEX			RIED NEVER MARRIED	B. DATE OF BIL	111	9. AC	t birthday)	Manths Days	R IF UNDER 24 HRS Haurs Min.
Male	Colored	WIDOW		Feb. 1			yrs.		
during mast af w	arking life, even if retired	dane 10b.	Labor		PLACE (State of	ar foreign cauntry	)		S.A.
13. FATHER'S NAME		1			'S MAIDEN N	AME			
	Mike Ba	rber			LLY HOR				
15. WAS DECEASEDE (Yes, no, or unknown) No	VER IN U. S. ARMED FOI	CES? 16.		Mary C.	Barber	Calla	Addreway, Ma	aryland	K A B
Canditions, if gave rise ta cause (a), statin lying cause las	immediate ag the under-	G. G.	contributing to DEATH BU	onter	TO THE TERMIN	NAL DISEASE CON	NDITION GIVE	EN IN PART 1(0)	PERFORMED?
20g. ACCIDENT	WAS UNDERLYING  OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature	af injury in P	art I ar Part II af	item 18.)		YES NO
20c. TIME OF INJ Haur a. n p. n	1.	20d. I While at war	Nat while f	PLACE OF INJURY actory, street, aff			ıwn)	(Caunty	r) (State
21. I certify alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	that I attended the	deceas	sed frama, 9 57, and that dear	h accurred c	1913		couses and	d an the da	the stated above
22a. BURIAL, CREMAT REMOVAL (Speci			22c. NAME OF CEMETERY Holy Face	OR CREMATORY		22d. LOCATION	(City, tawn, a		(State)
23. FUNERAL DIRECTO			ADDRESS		24g. REC'I	BY REGISTRAR			

DATE SEP 1 6 '59

arthur & Kine

VS A1S (4) 1SM 9/SB



Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. D FUNERAL DIRECTOR: Let this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be the registror prior to burial, cremotian, or removal, and in any event within 72 hours after death.

moy be retained by the TO FUNERAL DIRECTOR

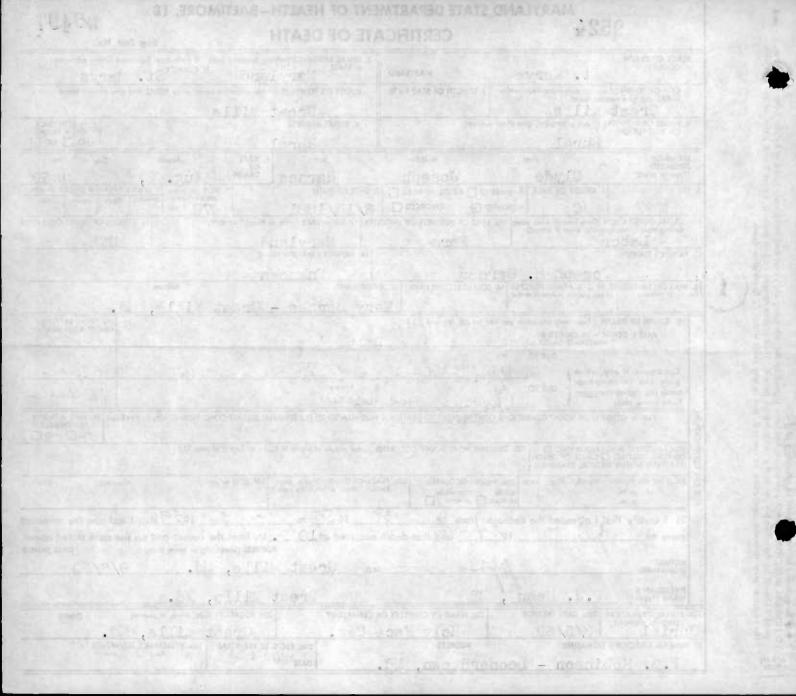
VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9524 CERTIFICATE OF DEATH

MULATIN

		IJ	J	4	J	-
Dist	M.					

								Keg. L	Dist. No.	
1. PLACE OF DEATH	C+ Man-		MARYLAN	II a STA	RESIDENCE (Wh		lived. If instit	ITV		mission)
	St. Mary:				Mary.	Land		St.	Marys	
RURAL and give r		write	c. LENGTH OF STAY IN 1	b c. CIT	OR TOWN (IF a			e RURAL and	d give nearest t	own)
	t Mills					t_Mil	LS			
OR INSTITUTION	ITAL (If nat in haspital, giv	e street ac	idress)	d. STE	REET ADDRESS				e. tS	RESIDENCE N A FARM?
	Rural				Rura	1			YES	□ NO □
3. NAME OF DECEASED (Type or print)	First		Middle		Lost	4. DATE OF DEATH		Aonth	Doy	Year
5. SEX	Clyde		Joseph	2 0 0175 01	Barnes		Aug		ER 1 YEAR IF U	19 59
J. JEA			D NEVER MARRIED	B. DATE OF	BIKIH		<ol><li>AGE (In year last birthday</li></ol>	Months		-
M		VIDOWED		3/15	/1881			rs.		
10a. USUAL OCCUPATI during mast af wa	ION (Give kind of wark do rking life, even if retired)	ne 10b. Ki	IND OF BUSINESS OR IN	IDUSTRY 11. BI	RTHPLACE (State	or foreign co	untry)	12. C	ITIZEN OF WH	AT COUNTRY
Labo			Farm		Marylan	nd			USA	
13. FATHER'S NAME				14. MOT	HER'S MAIDEN N	IAME				1
	Joseph H.	Barr	nes		Unknow	wn				
S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv	S? 16. SC	DCIAL SECURITY NO. 12	7. INFORMANT	28/2=320		A	ddress		Hatt
			-14-	Mary B	arnes -	- Gres	at Mil	ls. N	Id.	
18. CAUSE OF DE	ATH [Enter only one caus	e per line	and and an arrangement of the second						INTERVAL	BETWEEN
	ATH WAS CAUSED BY:	(0)	1-1-1		1				ONSET A	ND DEATH
1111111	IMMEDIATE CAUSE (a)_		ALANA II	CARL	Angel				1.103	call
446X	DUE TO	(2)		1 4	-	1			100	
Conditions, if a		yes	maly	Last	1100	wen	one		10 14	edy.
coಳse (a), stating		Col		1. 1.7	1				100	Ulla -
lying couse lost.	(c)_	h	ince py	eneu	<i>v</i> ·				10	
PART II. OT	THER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMI	NAL DISEASE	CONDITION	SIVEN IN PA	PEI	AS AUTOPSY RFORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCR	RIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in f	Part I ar Part	II af item 18.)			
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJ	URY OCCURRED   20e.	PLACE OF INJ	URY (Home, farm	, 20f. (City	or tawn)		(County)	(State)
Hour o. m.	19	While	Not while	factory, street,	office bldg., etc.	.)			,	(5.5.6)
₹ p. m.		at work	at work	3.0	1	/ -	<b>20</b>	Carlle		
21. I certify t	hat I attended the o	leceased	fram	19	30, ta	Orega	2 193	4, that I	l last saw th	he decease
alive an	Tales 01	, 190	7, and that de	ath occurre	datlo P	M, fram	the causes	and an	the date st	ated abave
	1						eet, city or taw			DATE SIGNE
ACTUAL	Personal State of	MI	Ben	- 40	Great 1	Wille	Ma.		8/3/59	
210MATORE		11		m.v	-AY-ARA-1	graph specifically of			7/L-UL 113	2
PHYSICIAN'S NAME (Type)	P.J. Bear	1,1	WD		Great	t Mil]	ls, Md	9		
220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	- N N-	22c. NAME OF CEMETER	Y OR CREMATO	ORY	22d. LOCATI	ION (City, town	n, ar caunty)	(9	Stote)
Burial Specify	8/5/59		Holy Fa	ce Cem		~		lls.	Md.	
23. FUNERAL DIRECTO			ADDRESS		240. REC'I	D BY REGISTR	AR 246. RE	GISTRAR'S	SIGNATURE	
	binson - I	000	M muchban	a	DATEQUE	1 4 '59		ribut d.		
F.D. R	JOTHSON - 1	160119	ardtown. M	.U.	DAIG					



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Diof. No.

PLACE OF DEATH St. Mary's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 area) Mouth of Potomac River 6 Mos	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  California
18 miles SSE of NAS PaxRiverMd at	d. street address Town Creek Manor  o. is residence On a farm? Yes \( \text{No.10} \)
Month of Potomac River  Obeceased  Otype or print)  Kenneth  Stanley	BOCOCK ADATE Month Doy Year Death August 26 1959
6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8. Male Caucasian Widowed Divorced D	12-5 Manths Days Hours Min.
ioc. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  AVIATOR  U.S. Navy	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Kansas USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stanley Kenneth Bocock	Anna Turek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN OF 1985 OF 11-24-1258	icial U.S. Navy Records, USNAS,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  DUE TO  (c)	NING ONSET AND DEATH ONSET AND DEATH
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
	ater nature of injury in Port I ar Port It of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC White at work 1603 Op. m. Aug 26 19 50 of work at work MOU	E OF INJURY (Home, form, 20f. (City or town) (County) (State) by street office bldg., etc.) River, Town Creek Manor, Md
death resulted from Wind Sauss Accident A. Suice W. S. WRAY, CAP D. MC USN, TI	re, held an Autopsy , Inspection , Inquiry , and find that ide , Homicide , Undetermined cause .  HE MEDICAL OFFICER, USNAS PAXRIVERMD
ACTUAL SIGNATURE Wm. D. BOYD, MD	M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDIC
EXAMINER'S WIII • D • DOLD 9 PID	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial 97 9/1959 Greenwood 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Newton Kansas
	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

The Board and the Control of the Con		1525 MITCIGAL STAMINER'S	
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	Party and the second of the second		
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CANDELL STREET			
MILLIONE NUMBER			
		P. Mad W. A. Med P. Land C. C.	
Arra Pros.	Andreas and Artist and		
	EST LIBERTH HERSTON		
	1(4)(4)		

### FOR STATE HEALTH DEPT.

EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please cute the certificated litting the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Provide be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearn its designated agent, prior to burial, cremation, or removal, and in payment within 72 hours after death. M

TO DE	exec	4 sh	TO FU	
VS.				

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		()	9	4	9	9	
Reg.	Dist.	No.		-	_		

1, PLACE OF DEATH				2.	USUAL RESIDENCE	(Where deced	sed lived. If institu	ution: Reside	ence before	odmission)
o. COUNTY	t. Mary's		MARYLAN	4D	a. STATE		b. COUNT	Υ		1
b. CITY OR TOWN Jiff and give nearest town	outside corporate limits, wri	TO RUPAL	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL one	i give neore	st fown)
St. Mary			1 day		Washi	ngton	B.C.	47.	x-3	
d. NAME OF HOSPITA	AL OR INSTITUTION	(If not in h	ospital, give street address)		d. STREET ADDRESS				0.	IS RESIDENCE
St,Ma	ary's Rive	E			1838 V	ermont	Ave. N.	W.		ES NO K
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont		Doy	Yeor
(Type or print)	Maurice		E.	Bry	ant	OF DEATH	August	2.	13,04	19 59
5. SEX	6. COLOR OR RACE	7. MARE	NED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE Itn years	IFUNDER	TYEAR IF	UNDER 24 HRS
Male	colored	WIDOW			ly 27, 19	13	lost birthday) 46 yrs.	Months	Days Ho	urs Min.
	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stat	te or foreign		12. CITI	ZEN OF W	HAT COUNTRY
Elevator o						ngton.			U.S.A.	
13. FATHER'S NAME	peracor			14.	MOTHER'S MAIDEN		D. 0,		U.D.A.	
Л	ames Bryan	n t			Monar I	E. Jacl				
15. WAS DECEASED EVI	ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17	. INFO		s. vacı	Address			
[Yes, no, or unknown]	(If yes, give war or dates of	service}		Look	a M. Cawth	hama	Sam			
	TH   Fotor only one co	use per line	o for (o), (b), and (c).	necu	a m. caw u	HOLHO	Баш		INTERVAL	ALTWEST!
PART I. DEAT	H WAS CAUSED BY:		Drownin	าต					CINSET AN	D DEATH
	IMMEDIATE CAUSE (0	)		-6					1 mm	ned.
850 X	DUE TO									
Conditions, if a		1								
gove rise to immed (a), stoting the u										
cause last.	) (c	)								
PART II, OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BL	TON T	RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	T 1(a) 19. W	AS AUTOPSY
3									YES	RFORMED?
PART II, OTH  20g. EXTERNAL CAU PRIMARY D or COP CAUSE OF DEATH.	JSE WAS 2	0b. DESCRI	BE HOW INJURY OCCURRED	. (Enter	noture of injury in Po	ort f or Part II	of item 18.)			
PRIMARY TO OF CONCAUSE OF DEATH.	AIKIBUTING L	0	ver loaded bos	at.	over turne	bed				
3 20c. TIME OF INJUS	RY Month, Day, Ye	or 20d	INJURY OCCURRED   20e. I	PLACE O	E INILIRY (Home for	m 206 (Cit	y or town)	(Cou	inty)	(State)
7. 15 P. m.	8.2. 15	59 Whi	Not while St.	Mar	treet, office bldg., et	(c.)	lary's Ci	ty St	Monarl	
			remains described a							
							17.19			and in my
opinian death	resulted from:	Natural	causes [], Acciden	1 区,	Suicide [],	Hamicide	. Undete	rmined n	nanner (	
ACTUAL	1.0	9	n						DA	TE SIGNED
SIGNATURE	Man	N	13a,V	М.	D. CHIEF MEDICAL I	EXAMINER [				112 3101125
EXAMINER'S 1.7			1 10		ASSISTANT MEDI	CAL EXAMINE	R 📄			
NAME (Type) W	illiam D. I	Boyd.	M.D.		DEPUTY MEDICAL	EXAMINER		August	t 6. 1	.959
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THERE	OF	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town,	or county)	(	(Stofe)
Burial	8/8/59		Lincoln			Wo	shington.		D.C.	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC	D BY REGIS	TRAR 246. REGIS	TRAR'S SIG	NATURE	
Tohn T Phin	2001	10+6	St. N.E. Washi		DAMAU	G 1 1 '59	3 Chi	hun S. 7	trains	
hom Truiti	OR JULI -	ICMI	Dr. Mar. Washi	ugro	יייין אין אין					

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plex execute the certificated titing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Prove should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hear are its designated agent, prior to burial, cremation, ar removal, and in any examination? I hours after death. 關

VS. A15ME 5M 2/57

## 9527 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Mary's		MARYLAND	2. USUAL RESIDENCE (	Where deced	sed lived. If institu		ica before	odmission)
	b. CITY OR TOWN (It outside corporate limits, write BURAL C. LENGTH OF STAY IN 16			c. CITY OR TOWN (I	If outside cor	porate limits, write	RURAL and	give near	est town)	
	St. Mary's City 1 day						115			
-			If not in ho	spital, give street address)	d. STREET ADDRESS	ngton	·D.V.	4-1		IS RESIDENCE
		ry's River				ay Str	eet, N.E.			ON A FARM?
	NAME OF DECEASED (Type or print)	Lorenzo	il .	Middle Ca	Lost	4. DATE OF DEATH	Month August		Doy 2.	Yeor 1959
5.	SEX		7. MARRI	ED K NEVER MARRIED 1 8	rney		9. AGE (In years	IFUNDER 1	-	UNDER 24 HRS.
	Male	Colored	WIDOWE		Oct. 14,1924	4	34 yrs.	Months D		ours Min.
100	o. USUAL OCCUPATI	ON (Give kind of working life, even if retired)	done 10b. I	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	e or foreign	country)	12. CITIZ	EN OF W	HAT COUNTRY
	Clerk		Civ	il Service	Washingt	ton, D	.C.	U.	S.A.	
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
		John Carr	ney		Margie	Gray				
15	. WAS DECEASED EV	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. M	NFORMANT		Address			
	yes	(11 yes, give war or ocies of	sarrica)	Sop	hia Wright 8	30 New	York Ave	N. W.	Was	hington,
	18. CAUSE OF DEA	ATH [Enter only one car	se per line	for (a), (b), and (c).]					INTERVE AN	ai Cryini
	PART I. DEA	ing				imm				
	850x	IMMEDIATE CAUSE (a)		2.011.		a French				202 200
	Canditions, if									
	gave rise ta imme	idiale cause								
	(a), stating the	underlying (c)								
Z	PART II. OT			ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. V	VAS AUTOPSY
ATK			5,000							ERFORMED?
CERTIFICATION	200. EXTERNAL CA	INTRIBUTING LT		E HOW INJURY OCCURRED. (E			of item 18.)		1.00	
-	CAUSE OF DEATH			r loaded boat,						
MEDICAL	7 . 15 p. m.	0.0	Whil	Not while St.	CE OF INJURY (Home, form ory, street, office bldg., etc Mary's River	c.) !	y or town) Mary's Ci	ty,St.	,,	s Md.
	21. I certify t	hat I took charge	of the	remains described aba	ve, held an Autaps	sy ], 1	nspection .	Inquiry	[X].	and in my
				causes [], Accident [				. ,	-	
	ACTUAL SIGNATURE	Alm	1)1	Bank	_M.D. CHIEF MEDICAL E				D	ATE SIGNED
	EXAMINER'S NAME (Type)	Villiam D. 1	Boyd	M.D.	ASSISTANT MEDICAL			Augu	ist 6	, 1959
22	o. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stole)
	Burial	8,10,59		Arlington, N	ational	Arlin	ngton,		Virg.	inia
23	. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN		
Mg	aguire Fur	eral Home	lashir	oton.D.C.	DATE	AUG 1 1	29	Dillag 2	S. Thai	LA.
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## MEDICAL EXAMINERY CERTIFICATE OF DEATH

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			The second secon
		A Demi- I	The state of the s
P			
		Man Harris	
		ATTENDED TO THE REAL PROPERTY.	
		The state of the same	
		Confirmed Comme	
	December 1 Charles Inches 1975	TELEVISION STATES AND ASSESSMENT	
,	A THE CONTRACT OF A STREET		
	The second second second	0.15 ZTO 10 M L 1.150	
Manager to they	SHART AND DESCRIPTION OF		
			THE PARTY OF THE P
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No. 30 St. O. Sep. J. U.	1	Committee of the second	SEM . S. S
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## FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09501

1000

	Reg. Dist. No.
1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
St. Mary's MARYL	and o. STATE b. COUNTY
b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
St .Mary's City	Washington, D. C. 47x-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
St. Mary's River	4921 Jay Street N. E. ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Lucille B.	Carney DEATH August 2, 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours   IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	Tost birthday) Months Days Hours Min
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	- I NOT Y CC . 172)
during most of working life, even if retired)  Caterer	
13. FATHER'S NAME	South Carolina U.S.A.
Willie Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Sophia Wright  17. INFORMANT  Address
(Yes, no, or unknown) (If yes, give war or dates of service)	
No	Sophia Wright 80 New York Ave. N.W.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	Washington, Dur Paretween
IMMEDIATE CAUSE (6)	Drowning Immd.
850 X DUE TO	
Conditions, it any, which) (b)	
gove rise to immediate couse (o), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
5	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CONTRIBUTING COURT	ED. (Enter noture of injury in Part I or Part II of item 18.)
CAUSE OF DEATH. over loaded bas	at over turned
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e While Not while 2 17.15 p.m. 8.2 1950 of work of work 2 1950	PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State)
Hour XXm. 8.2 1950 of work of work of work	St. Mary's river   St. Mary's City St. Mary's Ha
21. I certify that I taak charge of the remains described	
apinion death resulted fram: Natural causes, Accide	ent , Suicide , Hamicide , Undetermined manner
ACTUAL PARTY	CHIEF MEDICAL EXAMINER  DATE SIGNED
SIGNATURE SIGNATURE SIGNATURE	M.D.
EXAMINER'S NAME (Type) William D. Boyd M.D.	ASSISTANT MEDICAL EXAMINER TK August 6.1959
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETER	(Side)
	n National Arlington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Maquire Funeral Home Washington, D.C.	DATE AUG 1 1 '59 Chilling & Kroud

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certification in the word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Pre 4 should be farwarded as the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fill 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or remaval, and in approver within 72 hours after death. VS. A15ME

5M 2/57

The same of the sa 20 Table of the same and a set of the Principal and the Company of the C

9529 CERTIFICATE OF DEATH

19502

		Keg. Dist. No.	
1. PLACE OF DEATH O. COUNTY SE MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	. If institution: Residence before admit b. COUNTY EL May	ission)
b. CITY OR TOWN (If outside corporate limits write RUPAL and give nearest town)  Mechanism VIII & Appr. 15,45	c. CITY OR TOWN (If outside corporate li	nits, write RURAL and give nearest to	wh)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print) Charles Richard	Estep 4. DATE OF DEATH	Hug 14	Year 1959
Male Negro WIDOWED DIVORCED	Oct 27, 1922 3	(In yeors   IF/UNDER 1 YEAR IF UNDER 1 YEAR IF	
100. USUAL OCCUPATION (Give Mind of work done of the done of the done of working life, even if retired)  60. USUAL OCCUPATION (Give Mind of work done of the done	Marylan	12. CITIZEN OF WHA	AT COUNTRY
13. FATHER'S NAME MICK Estep	14. MOTHER'S MAIDEN NAME	Mc Kee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unforce) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	oth Estep Me	echansville, A	nd.
18. CAUSE OF DEATH [Enter only one cause per line for (%), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Sailure	INTERVAL I	
Conditions, if any, which gove rise to immediate DUE TO DU	andio variales	Discare	
couse (a), stoting the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0) 19. WAS	S AUTOPSY
CATIC	(Enter nature of injury in Part 1 or Part 11 of	PERF YES [	FORMEDS
	CE OF INJURY (Home, farm, 20f. (City or to tory, street, office bldg., etc.)	vn) (County)	(State)
21. I certify that I attended the deceased fram. Marshall alive an assure 19,59, and that death	18 50, to Clug	, 1959, that I last saw the	
ACTUAL SIGNATURE DAVID & M.	ADDRESS (Street, of	causes and an the date sta ity or town state)	DATE SIGNED
PHYSICIAN'S DAVID & MOSSMAI	V MECHANICS	VILLE M	0
BYVISORY 8-17-59 St Jose	CREMATORY 22d. LOCATION OF A	City, town, or county) (Ste	ate)
23. FUNIERAL DIRECTOR'S SIGNATURE The Human Harmon I holder	240. REC'D BY REGISTRAR DATE ALIG 1 9 '59	216. REGISTRAR'S SIGNATURE	

Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: may be retained by the spital or attending physician.

TO FUNERAL DIRECTOR

er this certificate has been signed by the attending physician and campletely filled in by the funeral
page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be
the registrar prior to burial, cremation, or remayal, and in any event within 72 houry offer death.

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			LA SECURITA COM CONTRACTOR
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14W E = W. C. P. V.			

## FOR STATE HEALTH DERT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after deoth. If any delay is necessory, please execute the certification iting the world "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Pure 4 should be farworlded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Hebrit or its designated agent, prior to buriof, cremotion, or removal, and in apprecial within 72 hours after death.

VS. A15ME SM 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9530 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09503 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Marv's		MARYL	0	SUAL RESIDENCE (V	Where decea	sed lived. If instit b. COUNT		ince before or	dmission)
b. CITY OR TOWN (III		• RURAL	c. LENGTH OF STAY IN		CITY OR TOWN (I	f outside cor	porote limits, write	RURAL ond	give negrest	town)
St. Mary	e City		1 day				D. C.		71.3	
d. NAME OF HOSPITA	L OR INSTITUTION	If not in hosp	pilol, give street oddress)	) d.	STREET ADDRESS	1160011	2. 0.			RESIDENCE
St.	Mary's Ri	ver			2315	Hartfo	rd Stree	t S.E.		N A FARM?
3. NAME OF DECEASED	Fir		Middle		Losi	4. DATE	Mont		Doy	Year
(Type or print)	Thelmo		W.	Fran	ncis	OF DEATH	August	2,		19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	TYEAR IF U	
Female	Colored	WIDOWED	DIVORCED [	July	1. 1926		33 yrs.	Months	Days Hou	s Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. KI	ND OF BUSINESS OR IN	NOUSTRY 11.	BIRTHPLACE (Stote	or foreign o	country)	12. CITI	ZEN OF WH	AT COUNTRY
Procurement		U.	S. Govermen	t	ashingto	n. D.C		1	J.S.A.	
13. FATHER'S NAME					OTHER'S MAIDEN					
	Kedex Wi	lev			Odeasa	Wheel	er			
15. WAS DECEASED EVE		RCES? 16. 5	OCIAL SECURITY NO.	17. INFORM		111002	Address			
No	(ii yes, give war ar ooles or	service)		Charle	es E Fran	cie JR	. 2315 H	ertfor	-A S+	SE
	H [Enter only one cou	se per line f	or (o), (b), ond (c).]	1.44444	Washin			CA OL OI	INTERVAL BE	
PART I. DEAT	H WAS CAUSED BY:		Drowni	ng		8 0011,	2.0.		imme	
957X	DUE TO							7 1		
Conditions, if on										
gove rise to immed	iote cause									
(o), sloting the u	nderlying (c									
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART		
Ĭ									YES T	FORMED?
PART II. OTHI	SE WAS TRIBUTING []		HOW INJURY OCCURR				of item 18.)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20c. TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCURRED 20e	e. PLACE OF I	NJURY (Home, form	n, 120f. (City	or fown)	(Cou	nly)	(Stote)
7.15 p.m.	8.2. 19	59 White	k ol work	St. Mar	y s River	St. N	lary's Ci	ty. St	t.Mary	s MD
	at I took charge		emains described							and in my
			auses [], Accide					rmined m		]
ACTUAL SIGNATURE	Wh	5	Bush		CHIEF MEDICAL E	XAMINER [			DAT	ESIGNED
			10		ASSISTANT MEDIC	AL EXAMINE	R			
NAME (Type) Wil	lliam D. Bo	bydM.D.			DEPUTY MEDICAL	EXAMINER E	9	Aug	gust 6	, 1959
220. RUPIAL CREMATION			22c. NAME OF CEMETER	RY OR CREMA	TORY	22d. LOCA	TION (City, town,	or county)	(5)	ote)
REMOVAL (Specify) Burial	8/10/59	- 5	Arlington I	Nations	al	Arlin	gton.		Va.	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGIST	RAR 24b. REGI	STRAR'S SIG		
Maquire Fun	eral Home	Washir	acton D.C.		DATE	AUG 11	'59	Circhus.	S. Frank	

## BDBD MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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## FOR STATE HEALTH DEPT.

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15.	A	15/	ME	ar its designated agent, priar to butial, cremation, ar removal, and in any event within 72 hours after
5.	M :	2/5	1	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9531 MED

DICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	(135
					Reg. Dist. No.

1.	PLACE OF DEATH  o. COUNTY  St. Maryland  MARYLAND					- 47 4 90	DENCE (W		sed lived. If institution b. COUNT				issian)
1	St. Mary city of town in Californ	autside corporate limits, writ-	• EURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X California							
(	d. NAME OF HOSPIT	AL OR INSTITUTION (	lf not in h	1 lyr. 9 mom aspital, give street address)	uns.	d. STREET A						ON	ESIDENCE A FARM?
	NAME OF DECEASED	Fir	sf	Middle		Last		4. DATE OF	Mont	h	Doy	1	eor
_	(Type or print)	John	Caro		acks	son		DEATH	August	6	5		9 50
5. :			7. MARI	RIED NEVER MARRIED	B. D.	ATE OF BIRTH			9. AGE (In years	IF UNDER	-		ER 24 HRS.
	Male	White	WIDOW	ED DIVORCED	J	ulv 1.	1939		20 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION of working	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPL	ACE (Stote	or foreign o	country)				COUNTRY?
	Carper	iter							ryland	L L	J.S.	A.,	
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
	Willar	d Edmond J	acks	on		Mar	v Mad	eline	Wise				
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	7. INFO	PRMANT	•		Address				
1.0	No	(ii yes, give war ar doler ar		18-38-7211	Will	ard E.	Jack	ROD	Califor	nie M	o ru	land	
		TH [Enter only one cou						WWAA.	V444V4	ALCL 9	INTERV	AL BETWI	FN
		H WAS CAUSED BY:									ONSET	AND DE	ATH
	anne.	IMMEDIATE CAUSE (0)		Hemotho	rax	Mass	ive)				ir	nmed	•
	8 22X	DUE TO											
	Conditions, if o												
	(a), stoling the												
	couse lost.	(c)											
CERTIFICATION	PART II. OTH	ier significant con	DITIONS	CONTRIBUTING TO DEATH B	TON TUE	RELATED TO	THE TERMIN	AL DISEAS	E CONDITION GI	VEN IN PART		PERFO	AUTOPSY RMED?
IFIC	20g. EXTERNAL CAL	JSE WAS 20	b. DESCR	BE HOW INJURY OCCURRE	D (Ente	r noture of ini	ury in Part	Lor Port II	ol item 18.)		1.	[]	X-
ERT	PRIMARY OF COL CAUSE OF DEATH.	NTRIBUTING 🗆											
-				over turned NIJURY OCCURRED 20e.									
MEDICAL	20c, TIME OF INJUI	RY Month, Day, Yes	Wh		factory,	OF INJURY (F	bldg., etc.)	201. (City	or town)	(Cou	nty)		(State)
ME	3.30 PXX	Aug. 6. 15			oute	235		Cal	ifornia	St. Ma	ry	3	Md.
	21. I certify th	nat I took charge	of the	remains described	above	, held an	Autopsy	□, II	nspection 🔀	Inquir	X.	on	d in my
	opinion death	resulted fram: I	Natural	couses . Accide	nt or	Suicide	П. н	lamicide	. Undete	ermined m	onne		
		21		1.0	)								
	ACTUAL	1/1/1	_ V	732.V		CHIEF M	EDICAL EX	MINER [				DATE S	IGNED
	SIGNATURE			- Ju	^	A.D.	NT MEDICA	-					
	EXAMINER'S NAME (Type) W1	lliam D. Bo	yd 1	M.D.			MEDICAL E		Carl		Augi	ıst	6.1959
220	BURIAL CREMATIC	N. 225. DATE THEREC		22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, town,		.0	(Stat	
	Burial	8/8/59		Joy Ch	anel			Ho11	ywood,		Md	1.	
23.	FUNERAL DIRECTOR			ADDRESS	2004		24a. REC'D			STRAR'S SIG			
N	. Clarke	Mattinglev	Leon	ardtown. Mary	land		DATE A	JG 1 0	'59 C	Wilma S.	Har	.4	
- April 1997				1							- T Y Y W	M. Wanner	

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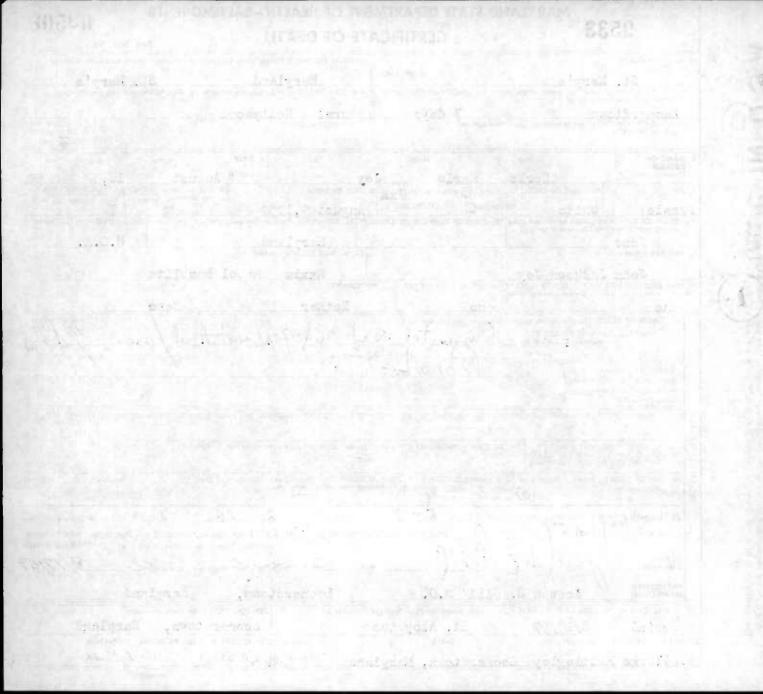
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o. COUNTY			MARYLA	O STATE	DENCE (Where de	ceased lived. If institut b. COUNTY		ce before adı	mission)
	Mary's			N	laryland			lary s	
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limit earest town)	ts, write	c. LENGTH OF STAY IN	16 c. CITY OR	TOWN (If outside	corporate limits, write	RURAL ond	give nearest t	own)
Leonardto	own		7 days	XRural	Holly	rood			
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street o		d. STREET A				e. IS	RESIDENCE
OK HASHIOHOM									NO [
NAME OF DECEASED	Fire	st	Middle	Las	0	F	nth	Day	Year
(Type or print)	Dor	is	Marie	Joy	D	EATH August	]	6.	19 59
S. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	Months		
Female	White	WIDOWE	D DIVORCED [	August	9.1959	yrs		7 Hou	rs Min.
0a. USUAL OCCUPATION	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR I			eign country)	12. CITI	ZEN OF WHA	T COUNTRY
	king life, even if retired			M-			7	TCA	
None 3. FATHER'S NAME					MAIDEN NAME			J.S.A.	
	Jackson Jo		SOCIAL SECURITY NO.	INFORMANT	cake Ma	abel Baubli	TZ dress		
	(If yes, give wor or dates of se		SOCIAL SECURITY NO.	INFORMANI		Adv	gress.		
no			no	Mothe	70	Sa	me		
	ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	, (		heart an	& gasto	omtestired;	1 win	INTERVAL ONSET A	SETWEEN ND DEATH
PART 1. DEA 7545 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  ony, which immediate the under-	,		heat an	& gastin	om testimol ;	Juan	T 1(o) 19. W	RFORMED?
PART 1. DEA 7545 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  ony, which (b) Immediate the under- the significant coni	DITIONS C	ontributing to Death	heart our	A gasto	om testimos	Juan	T 1(o) 19. W	d ay
PART 1. DEA  75 45  Conditions, if or gove rise to it couse (o), storting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  ony, which immediate the under-	DITIONS C	ofor (o), (b), ond (c).] Ingenetal	heart our	A gasto	om testimos	Juan	T 1(o) 19. W	AS AUTOPS
PART 1. DEA 7545 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO ONY, which the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	ontributing to Death	heart our	THE TERMINAL D	om testimos	VEN IN PAR	T 1(o) 19. W	AS AUTOPS
PART 1. DEA  7545  Conditions, if or gover rise to it couse (o), stoting lying couse lost.  PART II. OTH  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m., p.m.  21. I certify dailive an	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO ONY, which the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	ontributing to Death  CRIBE HOW INJURY OCCURRED  Not while of work  odd from 8 - 9	BUT NOT RELATED TO  URRED. (Enter noture of foctory, street, office)  1959	THE TERMINAL D  of injury in Port I  Home, farm, 201  e bldg., etc.)	DISEASE CONDITION GI	VEN IN PAR	T 1(o) 19. W. PEI YES  County)  Ist saw the edate sta	AS AUTOPS RFORMED? NO [  (Sto
PART 1. DEA  7545  Conditions, if or gover rise to it couse (o), storing lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m. p.m.  21. I certify alive an	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO Ony, which the under: HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee	20b. DESC 20b. DESC ar 20d. IN While of work	ONTRIBUTING TO DEATH  SRIBE HOW INJURY OCCI  WORK DO TO	BUT NOT RELATED TO  URRED. (Enter noture of foctory, street, office)  19.52  eath accurred at.  M.D.	THE TERMINAL D  of injury in Port I  Home, farm, 201  e bldg., etc.)	or Port II of item 18.)  (City or town)  Tom the causes a ress (Street, city or town)	VEN IN PAR	T 1(o) 19. W. PEI YES  County)  Ist saw the edate sta	AS AUTOPS RFORMED? NO [  (Sto
PART 1. DEA  Conditions, if or gove rise to it couse (o), storing lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m.  21. I certify alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL CREMATIC	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO DUE TO Cony, which the under- the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph	DITIONS C  20b. DESC  20d. IN  While of work  decease	ONTRIBUTING TO DEATH  SRIBE HOW INJURY OCCI  WORK DO TO	BUT NOT RELATED TO  URRED. (Enter noture of foctory, street, office at accurred at the many of the man	THE TERMINAL D  of injury in Port I  Home, farm,   206 e bldg., etc.)   7  7  7  ADDR.  ADDR.  Onard town	or Port II of item 18.)  (City or town)  Tom the causes a ress (Street, city or town)	(Control of the state)  (Control of the state)  (Control of the state)  (Control of the state)  (Control of the state)	T 1(o) 19. W. PEI YES  County)  Ist saw the e date sta	AS AUTOPS RFORMED? NO [
PART 1. DEA  1545  Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o.m. p.m.  21. I certify alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO DUE TO Cony, which the under- the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yee  19  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph  Joseph	DITIONS C  20b. DESC  20d. IN  While of work  decease	ontributing to Death  RIBE HOW INJURY OCCURRED  Of work  of from 8 - 9  ontributing to Death	BUT NOT RELATED TO  URRED. (Enter noture of foctory, street, office at accurred at the manner of the	THE TERMINAL D  of injury in Port I  Home, farm,   204 e bldg., etc.)   27  JOPAN ADDRI  conard town   22d.	or Port II of item 18.)  (City or town)  (City or town)  The causes a sess (Street, city or town)  Mar	P, that I land an the installation or country)	T 1(o) 19. W. PEI YES  County)  Ist saw the e date sta	AS AUTOPS RFORMED? NO [  (Stot)

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may be retained by the TO FUNERAL DIRECTOR;



### FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ple execute the certification ting the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. A should be forward and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Board of Help or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

d

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					Keg, Dist. N	0.
1, PLACE OF DEATH				Where deceased lived. If in		efore admission)
St	. Marv's	MARYLAND	o. STATE Mar	vland b. co	UNTY St. Me	rvis
b. CITY OR TOWN (I ond give negrest fowr	autside corporate limits, write RURA	c. LENGTH OF STAY IN 16		If outside corporate limits, w	rrite RURAL and give	neorest town)
Hollywood			X Leonar	dtown		
	AL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Andrew	Middle Louis	lost lattingly	4. DATE NO OF DEATH August	lonth Do	Yeor 19 59
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED   8.	DATE OF BIRTH 191	9. AGE (In year fast birthday)		
Male	White WID	OWED DIVORCED D	larch 8, III		yrs, Months Days	Hours Min.
100. USUAL OCCUPATION during most of working Plumbin	ng life, even if retired)	106. KIND OF BUSINESS OR INDUST		od, Maryland	U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	James H. Ma	ttingly	Clara Mae	Wallace		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Add	ress	*
No		212-14-5016 Mil	dredM. Matt	ingly Leonar	dtown, Mar	yland
Conditions, if o gove rise to imme (o), stoting the couse lost.	underlying DUE TO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(0)	
N N N N N N N N N N N N N N N N N N N						YES NO P
PART II. OTI	NTRIBUTING []	SCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Po	ort I or Port II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.			CE OF INJURY (Home, for ory, street, office bldg., et		(County)	(Stote)
	resulted from: Natu William D	Byl	, Suicide ,	Hamicide, Und	A Inquiry etermined mann	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	8/24/59	22c. NAME OF CEMETERY OR St. Aloysius		22d. tocation (city, low		(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			EGISTRAR'S SIGNATU	
W.Clarke Ma	ttinglev Leon	ardtown, Maryland	DATEAL	JG 2 6 '59	Irilay & than	LA .

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			WORN TO LOUT -
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		green congression and	
			AND STREET
		1000	
			Silv Millor
			THE CHARLES
			Silv Millor
			MATTER TRACESCO TRACE

VS A15 (4) 15M 9/5B

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	v	V	U

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

()	9	5	0	6

		<u> </u>	Reg. Di	st. No.
1. PLACE OF DEATH O. COUNTY ST May 4'S		STATE May V 9 270	d lived. If institution: Residen	Mary's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)    W 4	WT	CITY OR TOWN (If outside corpo	/	give nearest town)  SUINE  e. IS RESIDENCE
OR INSTITUTION ST Masy's 1	tospital			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle Mar	lost 4. DATE OF DEATH	Month	Day Year 24 1259
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	A	e OF BIRTH 9 3 1959	9. AGE (In years lost birthdoy)  Wanths  Yrs.	1 YEAR IF UNDER 24 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign of	ountry) 12. CITI	L. S. 9,
James W Mon	-land	Evelyn El	izybeth 1	Proctor
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give war ar dates of service)	OCIAL SECURITY NO. INFORM	ANT /	Address	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  7593  DUE TO	for (o), (b), and (c),]	Filare	1.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying couse lost.  (b)  DUE TO	ultiple con	grantel zuo	melies	0.41-51-21
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	17 1(a) 19. WAS AUTOPS) PERFORMED? YES NO
	RIBE HOW INJURY OCCURRED. (Ente	r noture of injury in Port I or Par	t II of item 1B.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJ Hour o. m. p. m. 19 of work	Not while foctory, st	INJURY (Hame, farm, reet, office bldg., etc.)	or town) ((	County) (State
21. I certify that I attended the deceased alive an, 1945		1915, to A 3	the causes and an the	
ACTUAL SIGNATURE LONG	sente M.D.	, ADDRESS (SI	treet, city or town, state)	DATE SIGNE
PHYSICIAN'S Leon WBer	ube M.D.	Mechanicsv.	ille /	11
220, BURIAL, CREMATION, 22b. DATE THEREOF BUSY 9	22c. NAME OF CEMETERY OR CREM	hatory 22d. LOCAT	TION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE W. Clas Ke Mattingle	Leonas Stown	Md DATE AUG 5 '5		GNATURE KLAUA

envitiple confruitel snowclies Si Edwards Eight Met have the it is all investor than I sell some M

may be retained by the pital or ottending physician.

2 FUNERAL DIRECTOR: Arier this certificate has been signed by the attending physician and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, or remayal, and in any event within 7 hours offer death. 85/6 WST TO HOSPITAL OR ATTEN-may be retained by the may be retained by the process 3 should be detact.

IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

9536

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

				Keg. Dist. N	0.
1. PLACE OF DEATH o. COUNTY	o STATE	ENCE (Where deceased	lived. If institution	on: Residence be	fore admission)
St. Mary's	TYLAND II .	Maryland	D. COOI411	St. Mar	VI g
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		OWN (If outside corpor	ote limits, write R		
Leonardtown 10 day	78 X	Maddox			
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  St. Mary s Hospital	d. STREET AT	DDRESS			e. IS RESIDENCE ON A FARM? YES NO X
* *					1 113 11 110 25
3. NAME OF First Middl OF Concession (Type or print) Francis Edgar	Thomp son	4. DATE OF DEATH	August	26,	Pay Yeor 1959
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARR	RIED 8. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS
Male White WIDOWED DIVORCE	ED 0ct. 27	1895	lost birthdoy) yrs.	Months Days	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDUSTRY 11, BIRTHPL	CE (State or foreign co	ountry)		OF WHAT COUNTRY
Merchant General Sto	ore Mo	ddox. Mary	and	U	.S.A.
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	LATIU		
G. U. Thompson		ulia Ann G	oode		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown)   (If yes, give wor or dates of service)	O. INFORMANT		Add	ress	
Yes WWI	Lessie G.T	hompson Ma	addox, Me	ryland	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c	).]				ITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Myscardoa	l Fallure			01	2 days
1/2 - 1					
700.1					6 Nace
gove rise to immediate					0 000
couse (o), stoting the under- lying couse lost.  DUE TO  Co. Clarke Tayore	esolval France	tim	249-6		12 days
			CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBUTI	OCCURRED. (Enter noture of	injury in Port I or Port	Il of item 18.)		
	The state of telling a	t and the			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (He factory, street, office		or town)	(County	y) (Stote)
21. I certify that I attended the deceased from Tess	28 1040	4 Augus	cf 26 1059	Ale and I I are	M . 1
the received that I differ ded the deceased from the second fr	61 70 1977	, 10 000	17.25	inat I last so	aw the deceased
alive an august 21, 1959, and the	it death occurred at_	ZZ_ZZ_M, fram	the causes an	d an the da	te stated abave
1 0 0		ADDRESS (St	reet, city or town,	stote)	DATE SIGNED
SIGNATURE Refer Titusks	M.D.	Leonard	form,	kial.	
PHYSICIAN'S Robert Fuchs M.D.		Leonar	dtown, Me	aryland	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEN	METERY OR CREMATORY	22d, IOCAT	ION (City, town,	or county)	(Stote)
Burial 8/29/59 Christ	•		ptico,		yland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		24a. REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNAT	URE
W.Clarke Mattingley Leonardtown, M	aryland	DATE AUG 3 1 15	9 0.	J. Lun S. K.	att 4

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	and the second s			And a
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		10 State 10 100 100		
- 1	The second second			
Daniel Company			TANK Y	L. Nie

FOR STATE HEALTH DEPT

9537

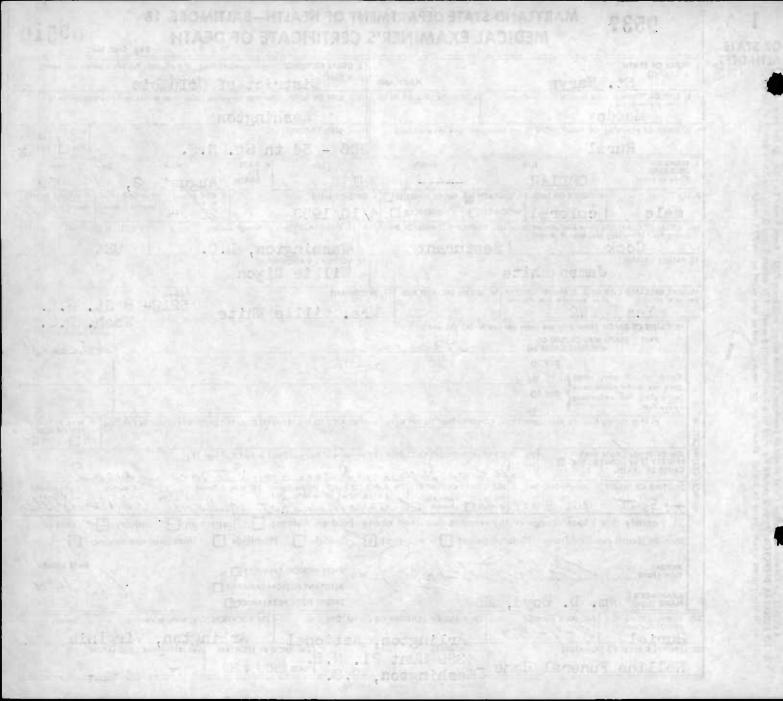
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			4	,	_
13.6	Dist	No.			

							Keg. Dist. 14	
PLACE C	OF DEATH NTY			2. USUAL RESIDENCE	Where deceose			efore admission)
/	St. Mary	S	MARYLAND	" Distr	ict o	f Colum	bia	
b. CITY	OR TOWN (It outside corporate	fimits, write BURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		The second second second	RURAL and give	nearest town)
9110 9	Maddox			Wash	ingto	n 4	7x-3	
d. NAMI	E OF HOSPITAL OR INSTITU	JTION (If not in ho	spital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Rural			806 - 54 t	h St.	N.E.		YES NO 3
3. NAME (	OF SED	First	Middle	Lost	4. DATE	Month	Doj	Yeor
(Type or	print) OBD			HITE	DEATH	August	3.	1959
5. SEX	6. COLOR O	R RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH				IF UNDER 24 HRS.
mal	le colo	red WIDOWE	D DIVORCED 4	/10/1933		26 yrs.	Months Doys	Hours Min.
10a. USUAI	L OCCUPATION (Give kind nost of working life, even if	of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN C	OF WHAT COUNTRY?
oving m	Cook	1-	esturant	Washingt	on D	. C.	USA	
13. FATHER	R'S NAME		V 344 546 E.V.	14. MOTHER'S MAIDEN I			000	
	James	White		Willie D	ixon			
15. WAS D	ECEASED EVER IN U. S. AR	MED FORCES? 16.	SOCIAL SECURITY NO. 17. M	VFORMANT		Address		
Yes, no, er vi	Yes WW2	or dates at service)	T.	rs. Willie	Whit.	521	2- B St	. S.E.
18. CA	USE OF DEATH [Enter only	one couse per line		R.S. MITITE	- WIII ()	E	Wash	D.C.
	PART I. DEATH WAS CAUSE	ED BY:	Qs.				ONS	SET AND DEATH
9	298 IMMEDIATE C		V cown	7			- 1	mme
Cond		DUE TO						
	itions, if ony, which rise to immediate couse	(p)						
(o), at	ound the ounselflind	DUE TO						
_		(c)	ONTRIBUTING TO DEATH BUT N	OT BELLTED TO THE TERM	INIAI DISEASE	CONDITION CIVI		10 14/46 14/17/00/14
Ď.	PART II. OTHER SIGNIFICA	INT CONDITIONS C	ONTINO TO DEATH BUT IN	IOI RELATED TO THE TERM	IINALDISCASC	CONDITION GIVE	EN IN PART I(0)	PERFORMED?
5 20 50	Veebrus Courses were	Jack DESCRIP	TO LOCAL BANKS OF CHARLES AND					YES NO P
PRIMA	KTERNAL CAUSE WAS RY OF CONTRIBUTING C OF DEATH.	206. DESCRIB	E HOW INJURY OCCURRED. (E	mes or injury in Par	or Port II o	of ilem 18.)	Jam	.0
₹ 20c. TI			INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	n. 20f. (Cily	or town)	(County)	(Stote)
20c. TI	30 p.m. aug	3 1959 While	ork of work	ory, street, office bldg. etc	Ar M	allow"	stm	end Mo
-			remains described obo			spection P	Inquiry F	
			causes , Accident			, Undeter	, , ,	. ,
100		, ,0	()					
ACTU.		Mes	173- 1	M.D. CHIEF MEDICAL E	XAMINER [			DATE SIGNED
			20	ASSISTANT MEDIC	AL EXAMINER		81	5/59
	(Type) Wm. D.	Boyd, M	<b>(D</b> )	DEPUTY MEDICAL	EXAMINER		0 1	- 1 - /
	L. CREMATION, 226. DATE		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATI	ION (City, town, o	r county)	(Stote)
-	VAL (Specify) 8-	7-59	Arlington	National	Ar	lington	Virgi	nia
The second second	AL DIRECTOR'S SIGNATURE		ADDRESS	240. REC*	D BY REGISTR		RAR'S SIGNATU	IRE
Rol	llins Funer	al Home	_4339 Hunt P	1. N.E.	IG 1 4 '5!	9	ed	
			Washington	1) A Controller	7 7 0	Cal	Lug & po	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificated into the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Please 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fit to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hebrin, or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57



# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification into the ward "pending" in pendi in Nem, 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be farward, the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fite-pages 1 and 2 with the State Baard of Hebrih, at its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### 9538

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		U	V	U	1	J
Reg.	Dist.	No.				

1. PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived. If inst	itution: Residence	• before admission)
S. Mary	S	MARYLAND	a. STATE	b. COUN	VIY	
b. CITY OR TOWN (if outside carporate and give nearest town)	limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate limits, wri	ite RURAL and gi	ve nearest town)
Maddox		day	Washington	. D. C.	47x	3
d. NAME OF HOSPITAL OR INSTITU	JTION (If not in ho	aspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Wicomico Riv	ver		339-5	4th ST. 7	クト	YES NO R
3. NAME OF DECEASED (Type or print)	latene	Middle	Wright	OF DEATH Aug.	onth 3.	Doy Year 19 59
5. SEX 6. COLOR O	R RACE 7. MARR	HED THEVER MARRIED 18	DATE OF BUTH	9. AGE (in years last birthday)	The second second	The state of the s
Male Colore	d woow	ED DIVORCED	Oct-23-1914	44 yr	s. Months Da	ys Haurs Min.
10o. USUAL OCCUPATION (Give kind of during most of working life, even if	of work dane 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or	fareign country)	12. CITIZEI	N OF WHAT COUNTRY
Bagage handler		Mail	Georgetown.	South Carol	lina U	.S.A.
13. FATHER'S NAME	5170 570		14. MOTHER'S MAIDEN NA			
John	Wright		Cecilia	Grav		
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16	SOCIAL SECURITY NO. 17, IP	FORMANT	Addre	MS	
No (If yes, give war o	or dates of service)	49-16-6384 Luc	idla Wright	Hemingway, S	South Car	roline
18. CAUSE OF DEATH Enter only						INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE IMMEDIATE CA	ED BY:	Drowning				Imme
929. 8 Conditions, if ony, which	(b)					
		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	ALDISEASE CONDITION C	SIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	121100%	BE HOW INJURY OCCURRED. (E	verboard, coul	ld not swim.		
20c. TIME OF INJURY Month, 4.30 %xm. 8.3.	1441	INJURY OCCURRED 2041 1 LANGE TOOK	Strof BUURY (Home, form, orry, street, office bldg., etc.)  River	20f. (City or town)  Maddox	St.Mary	
21. I certify that I took o	chorge of the	remoins described abo	ve, held an Autopsy	, Inspection K	], Inquiry	X, and in my
opinion death resulted from	om: Natural	couses , Accident [	X, Suicide , Ho	omicide []. Unde	termined mo	nner 🗌
ACTUAL SIGNATURE	ing)	Bajel	_M.D. CHIEF MEDICAL EXAL			DATE SIGNED
NAME (Type) William	D.Boyd, 1	M.D.	DEPUTY MEDICAL EX	AMINER A	ugust 6,	1959
220. BURIAL CREMATION, 22b. DATE REMOVAL (Specify) Burial 8/9/	THEREOF	22c. NAME OF CEMETERY OR	crematory 2	2d. LOCATION (City, low	n, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24a. REC'D		GISTRAR'S SIGN	
			ington DATE AUG	11 '59	Tilling S. H	
John T. Rhines 3	001 - 12	th. St.N.E. Wash	incton   DATE MUU		2, 10	MALLA

Wild Lattington | District of and the second s Cont. Comments of the control of the

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERT** 

	11/45	5
TIEICATE OF DEATH	(195	)
TIFICATE OF DEATH	Pag Dist No	

								Keg. D	IST. NO	
1. PLACE OF DEATH				2. USUAL RESI	DENCE (Whe	ere deceased	d lived. If instituti		nce befo	re admission)
St	Mary's		MARYLAND	9.4	ryland	1	b. COUNTY	St.	Mar	y's
b. CITY OR TOWN ( RURAL and give no	If autside corporate limi earest town)	its, write	c. LENGTH OF STAY IN 16			tside corpo	rote limits, write R	URAL ond	give ne	arest town)
Avenue	TAL (If nat in haspital, g		Life	X Avenu						IS DESIDENICE
OR INSTITUTION	IAL (IT not in naspiral, g	give street o	adaress)	d. STREET A	VDDKE22					e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	Fir	rst	Middle	Los	st	4. DATE	Mon	ith	Do	y Year
(Type or print)	Ruth I	NEWS	E.	Young		OF DEATH	Augu	st	23	19 59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years		R 1 YEAR	IF UNDER 24 HR
Female	Colored	WIDOWE		March 2	5.1000	5	lost birthdoy) 59 yrs.	Months	Days	Hours Min.
On. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR INDU					12.CIT	IZENO	F WHAT COUNTR
during mast of wor	king life, even if retired	)							U.S	Α.
House W	ille		Home	14. MOTHER'S		ryland	A		0.0	·A·
S. PATTIER S TANKE				14. MOTHER 3			0.10			
	John Jone	-	· ·		Mar	y Mil:				
S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.		INFORMANT			Add			
No			None Mr.	Rosetts	Jone	s 3404	4 13th ST	. N.	W. A	pt.1
Conditions, if of gave rise to it couse (o), stoting lying couse last.	mmediate the under-	) ) :)		S elle o	fic	CV	dista	yean Le	RT 1(a) 11	19. WAS AUTOPS
CATIC										PERFORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	208. DESC	CRIBE HOW INJURY OCCURRI	ED. (Enter noture o	or injury in re	or i or For	r ii or iiem ib.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	While		LACE OF INJURY ( octory, street, office			or town)		(County)	(Stot
alive anACTUAL SIGNATURE	nat I attended the	decease 195	and that death	M.D. //	le c	han	the causes and treet, city or town,	d an th		w the decease e stated above DATE SIGN
PHYSICIAN/S NAME (Type)	0			ME	CHANI	CSVILI	LE, MARYI	AND		
220. BURIAL, CREMATIC REMOVAL (Specify)		OF .	22c. NAME OF CEMETERY		1	-	TION (City, town,		_	(Stote)
Burial	8/25/59	)	Sacred Hear	t		Bushw	00a,	M	ary.	land
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. REC'D			STRAR'S SI	IGNATU	RE
W. Clarke Ma	attingley L	eonar	dtown. Maryla	nd	DATAUG	2 6 '59	ant	hun &	Kram	4

in by the fuhera and 2 shauld be

physician and campletely filled affer death

requires that the death certificate be executed within 24 haurs after death

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TO HOSPITAL OR ATTENTIAL BENTON TO FUNERAL DIRECTOR: After the page 3 shauld be detached far VS A1S (4) 1SM 9/58

the registrar priar ta burial

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